

SPOKANE REGIONAL HEALTH DISTRICT
1101 West College Avenue, Ste. 402
Spokane, WA 99201-2095

(509) 324-1560 Ext. 7
FAX: (509) 324-3603

ANIMAL BITE INCIDENT REPORT

INFORMATION ON REPORTER OF BITE

Date Of Report: _____

Name of Reporter: _____

Name of Attending Health Care Provider/Facility:

Phone Number: _____

VICTIM INFORMATION

Date of Bite: _____

Name of Victim: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work: _____

Age: _____ Sex: Male Female

Name of Guardian: _____

Home Phone: _____ Work: _____

Did exposure to saliva occur (via broken skin or mucous membrane)? Yes No Maybe

Location of Wound(s) or Membranes Exposed: _____

Briefly describe the circumstances surrounding the bite or possible exposure:

In what county did the bite occur? _____

ANIMAL INFORMATION

Kind of Animal: _____

Name: _____

Breed: _____

Description of Animal: _____

Was the animal a stray? Yes No

Owner Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

If the animal is not at the owner's address please indicate below where the animal is located:

Street Address: _____

City/State/Zip: _____

This section to be completed by **Spokane Regional Health District**

State Laboratory Rabies Results:

Received From _____

Positive Negative Untestable

Victim Informed: yes Date: _____

Date Received by SRHD: _____

Received By _____

Written results attached? Yes No

If 'no', explain: _____

*** Please fax completed report to (509) 324-3603 as soon as possible.**